

JANAH & ASSOCIATES, PC
650 Delancey Street, Suite 106
San Francisco, California 94107 U.S.A.

RECEIVED
CENTRAL FAX CENTER
APR 20 2006

VIA FACSIMILE

ATTENTION: Examiner Hui
FIRM/CO. NAME: U.S. Patent and Trademark Office
FAX NO: 571-273-8300
ART/UNIT NO: 1617
FROM: Ashok K. Janah
DATE: April 20, 2006
APPLICATION NO: 09/851,226
OUR REFERENCE NO: NK.73.00

TOTAL NUMBER OF PAGES 28 (INCLUDING COVER PAGE)

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL Christy

BUSINESS PHONE: (415) 538-1555 FACSIMILE NO.: (415) 538-8380

MESSAGE:

Examiner Hui,

Attached please find a response to the office action dated December 21, 2005, for your kind consideration.

Kind regards,

Christy Hennigan

CONFIDENTIALITY NOTICE: The documents accompanying this facsimile transmission contain privileged and confidential information. Do not disclose or discuss this information with anyone other than those identified above. Unauthorized disclosure is strictly prohibited. If you receive this facsimile in error, please notify us by telephone immediately.


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.	Group No: 1617	RECEIVED CENTRAL FAX CENTER APR 20 2006
Application No: 09/851,226	Examiner: San Ming R. Hui	
Confirmation No: 4017	Attorney Docket No: NK.73.00	
Filed: 05/08/2001	Thursday, April 20, 2006 San Francisco, CA 94107	
Title: PHOSPHOLIPID-BASED POWDERS FOR DRUG DELIVERY		

Mail Stop Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	Extension (Months)	<table border="1"> <tr> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td>\$120.00</td> <td>\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$450.00</td> <td>\$225.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$1,020.00</td> <td>\$510.00</td> </tr> <tr> <td colspan="2">Total \$ 120.00</td> </tr> </table>	Extension Fee		Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$450.00	\$225.00	<input type="checkbox"/> Three Months	\$1,020.00	\$510.00	Total \$ 120.00	
	Extension Fee																
	Large Entity	Small Entity															
	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00														
	<input type="checkbox"/> Two Months	\$450.00	\$225.00														
<input type="checkbox"/> Three Months	\$1,020.00	\$510.00															
Total \$ 120.00																	
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.																	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	80	81	0	\$50.00	\$25.00	\$0.00
Independent Claims	7	7	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims			0	\$300.00	\$150.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

*No new claims in the present amendment, but claims were miscounted in the last amendment transmittal

Fee Payment <table border="1"> <tr> <td>Extension Fees</td> <td>\$120.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td>\$0.00</td> </tr> <tr> <td>Total</td> <td>\$120.00</td> </tr> </table>		Extension Fees	\$120.00	Fees for Extra Claims	\$0.00	Total	\$120.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Extension Fees	\$120.00							
Fees for Extra Claims	\$0.00							
Total	\$120.00							
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$120.00 . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571) 283-8300 on the date shown below.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Michael Einschlag Nektar Therapeutics 150 Industrial Road San Carlos, CA 94070.						
By: <u>Christy Hennigan</u> Date: <u>April 20, 2006</u>		Respectfully Submitted,  By: <u>Ashok K. Janah</u> Date: <u>April 20, 2006</u> Registration No. 37,487						

RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE CENTRAL FAX CENTER

APR 20 2006

In re Application of: Weers et al.	Group Art Unit: 1617
Application No: 09/851,226	Examiner: HUI, San Ming R.
Confirmation No: 4017	Attorney Docket No: 0073.US
Filed: May 8, 2001	April 20, 2006 San Francisco, California
Title: PHOSPHOLIPID-BASED POWDERS FOR DRUG DELIVERY	

AMENDMENT IN RESPONSE TO FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA FACSIMILE
(571) 273-8300

Examiner Hui:

This communication is in response to the Final Office Action mailed on December 21, 2005, and is being filed within four months thereof with a one month extension fee.

If necessary, the Commissioner is hereby authorized in this, concurrent and future replies, to charge payment or credit any overpayment to Deposit Account No. 10-0258 for any additional fees required under 37 C.F.R. §§1.16 or 1.17, particularly, extension of time fees.

04/24/2006 JBALINAN 00000056 100258 09851226

01 FC:1251 120.00 DA

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571) 273-8300 on the date shown below.

By: 

Christy Hennigan

Date: April 20th, 2006